

INTERSTATE COMPACT ON JUVENILES
CONSENT FOR VOLUNTARY RETURN BY RUNAWAY, ESCAPEE OR ABSCONDER
Michigan Family Independence Agency



FORM III

FORM A

I, _____ recognize that I legally belong with
(Juvenile's Name)

_____, in _____
(Name of Legal Guardian or Custodian) (Address)

and I voluntarily consent to return there without further formality, either by myself or in the company of such person as the appropriate authority may appoint for the purpose.

(Date) (Juvenile's Signature)

I, _____, Judge of _____
(Judge's Name) (Court or Jurisdiction)

having informed the juvenile named above of ☐ his ☐ her rights under the Interstate Compact on Juveniles prior to the execution of the foregoing consent, do hereby find that the voluntary return of said juvenile to

_____, in _____
(Name of Legal Guardian/Custodian) (Address)

is appropriate and in the best interest of said juvenile, and do so order such return as provided below: (Fill in or check appropriate item).

☐ Accompanied by _____ OR ☐ Unaccompanied

(Date) (Judge's Signature)

TO BE COMPLETED ONLY IF COUNSEL OR GUARDIAN AD LITEM IS APPOINTED:

I, _____, being the ☐ Counsel ☐ Guardian *Ad Litem* of _____
(Name of Juvenile)

recognize and agree that said juvenile should return to _____ in _____
(Name of Legal Guardian or Custodian) (Location)

either unaccompanied or in the company of such person as the appropriate authority may appoint. I hereby consent to such return.

(Date) (Signed – Counsel or Guardian *Ad Litem*)

(Form will be certified or authenticated in accordance with practice of the court. See Article VI of the Compact for further details.)

Original: Court file; 1 copy each: Juvenile, Holding State's Compact Administrator, Home/Demanding State's Compact Administrator, Local Court in Demanding State.

DETAILED PHYSICAL AND CLOTHING DESCRIPTION OF JUVENILE

DOB: _____ Race: _____ Sex: _____ Height: _____ Weight: _____ Eye color: _____
Hair color and style: _____
Tattoos, scars, identifying marks: _____
Clothing (including shoes): _____

AUTHORITY: Public Act 203, 1958
COMPLETION: Required.
PENALTY: Youth may not be returned.

The Family Independence Agency will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to an FIA office in your county.